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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\****None m,j***\*\* FOREIGN APPLICATIONS \*\*\*\*\****None m,j***IF REQUIRED, FOREIGN FILING LICENSE**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Mary T. Jor m,j</i> Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Method for fault diagnosis of a turbine engine

<b>FILING FEE RECEIVED</b> 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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